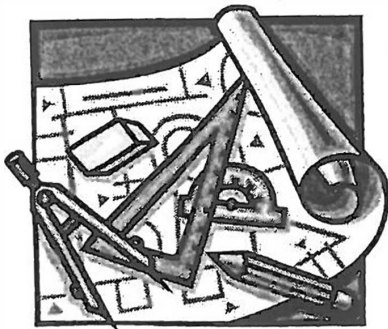


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E-mail: plandesk@constructionnotebook.com

DATE: _____ CHECK ONE: RETURN PLANS DESTROY PLANS

JOB NAME: _____

JOB ADDRESS: _____

ARCHITECT / ENGINEER: _____

OWNER: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ FAX: _____

ESTIMATED COST OF PROJECT: \$ _____

BID DATE & TIME: _____

NOTES: _____

Please fill in or check off any of the following which pertain to this project:

_____ SQUARE FOOTAGE

DIVISION 2 SITEWORK

DIVISION 9 FINISHES

_____ TYPE OF CONSTRUCTION

DIVISION 3 CONCRETE

DIVISION 10 SPECIALTIES

_____ SINGLE / DOUBLE STORY

DIVISION 4 MASONRY

DIVISION 11 EQUIPMENT

_____ ROOF TYPE

DIVISION 5 METALS

DIVISION 12 FURNISHINGS

_____ BLOCK WALLS

DIVISION 6 WOOD & PLASTICS

DIVISION 13 SPECIAL CONSTRUCTION

_____ CIVIL ON / OFF - SITE WORK

DIVISION 7 THERMAL &
MOISTURE PROTECTION

DIVISION 14 CONVEYING SYSTEM

_____ LANDSCAPING

DIVISION 8 DOORS & WINDOWS

DIVISION 15 MECHANICAL

DIVISION 16 ELECTRICAL



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JOB NAME: _____

JOB ADDRESS: _____

ARCHITECT / ENGINEER: _____

OWNER: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ FAX: _____

ESTIMATED COST OF PROJECT: \$ _____

BID DATE & TIME: _____

SQUARE FEET: _____ TYPE OF CONST: _____

SINGLE / DOUBLE STORY: _____ ROOF TYPE: _____

GARAGE: _____ BLOCK WALLS: _____

NO OF BEDROOMS: _____ SEPTIC SYSTEM _____

NO OF BATHS: _____ ON / OFF-SITE WORK: _____

FIREPLACE (S): _____ OTHER ROOMS: _____

CENTRAL VACUUM / INTERCOM / ALARM: _____

NOTES: _____

